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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: **H. Vincent Poor
Andrew Logothetis**

Application No.: **09/667,651** ✓ Examiner: **Jason M. Perilla**

Filed: **September 22, 2000** Group Art Unit: **2643**

Docket No.: **P-24,338-A USA**

Title: **METHOD AND APPARATUS FOR SCHEDULING SWITCHED
MULTIBEAM ANTENNAS IN A MULTIPLE ACCESS ENVIRONMENT**

CERTIFICATE OF FACSIMILE/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service on February 4, 2005, in an envelope as First Class Mail, postage prepaid, addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

4 February 2005
Date



Diane A. Sears

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT AFTER ALLOWANCE PURSUANT TO 37 C.F.R. §1.312

In response to the Notice of Allowance and Examiner's Amendment dated January 13, 2005, please amend the above-identified application as follows:

A copy of the claims as amended begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): H. Vincent Poor and Andrew Logothetis

Docket No.

24,338-A USA

Serial No.
09/667,651Filing Date
9/22/2000Examiner
Jason M. PerillaGroup Art Unit
2634

Invention: METHOD AND APPARATUS FOR SCHEDULING SWITCHED MULTIBEAM ANTENNAS IN A MULTIPLE ACCESS ENVIRONMENT

FEB 07 2005

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|-------------------------------------|-----------------------------|--------------------------------|------------|-------------------|
| TOTAL CLAIMS | 22 - | 26 = | 0 | x \$50.00 | \$0.00 |
| INDEP. CLAIMS | 2 - | 3 = | 0 | x \$200.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |

- No additional fee is required for amendment.
- Please charge Deposit Account No. _____ in the amount of _____.
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____.
- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 CFR 1.17.

Signature

Dated: 2.3.05

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